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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/811838
	Filing Date	30-Mar-2004
	First Named Inventor	Theoharis C. THEOHARIDES
	Art Unit	
	Examiner Name	
	Attorney Docket Number	2003133.125US10

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 23483☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

23483

OR

☐ Firm or  
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Theoharis C. THEOHARIDES

Date

9/1/08

Telephone

617-232-1332/1337

NOTE: Signatures of all the inventors or assignees of record of the entire interest(s) or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.